Colon Cancer Prevention Project

Colorectal Cancer Screening Tip Sheet

Risk	Average	High		
Definition or Diagnosis	No risk factors other than ≥ age 50 and ≥ age 45 for African Americans	HNPCC: Hereditary Nonpolyposis Colorectal Cancer or Family or personal history of early (< age 50) ovarian, endometrial or colorectal cancers	Family history of FAP (familial polyposis) in a first degree relative (parent, sibling, or child)	Ulcerative colitis (UC) or Crohn's colitis (CC)
Begin Screening	Age 50 or age 45 for African Americans	By age 20-25	At puberty	Personal history of pan ulcerative colitis ≥ 8 years, left sided colitis ≥ 15 years, or longstanding CC
Preferred Screening Strategy	Colonoscopy every 10 years	Colonoscopy every 2 years, genetic testing and referral to a specialist	Flexible sigmoidoscopy or colonoscopy, genetic testing, and referral to a specialist	Colonoscopy every 1-2 years
Alternative Screening Strategies from the American Cancer Society	• Flexible sigmoidoscopy every 5 years • Double contrast barium enema every 5 years • CT colonography (virtual colonoscopy) every 5 years • Fecal occult blood test annually • Fecal immunochemical test annually • Stool DNA test (sDNA), interval uncertain	No alternative screening strategy for higher risk individuals other than colonoscopy		

Note: Kentucky and Indiana mandate coverage of colorectal cancer screening tests recognized by the American Cancer Society.

Recommendations for Individuals with Family History of CRC or Adenomatous Polyp

Relationship	Screening Recommendations	Surveillance
First-degree relative[s] with colorectal cancer diagnosed at age < 60 years	Colonoscopy at age 40 or 10 years younger than affected relative, whichever is younger	If normal, repeat every 3-5 years
First-degree relative[s] with colorectal cancer diagnosed at ≥ 60 years	Colonoscopy at age 40	If normal, repeat every 10 years
First-degree relative[s] with adenomatous polyp < 60 years	Colonoscopy at age 40 or 10 years younger than affected relative, whichever is younger	If normal, repeat every 5 years
First-degree relative[s] with adenomatous polyp > 60 years	Colonoscopy for screening age individualized	If normal, same as average risk
Second or third-degree relative with cancer or polyps	Colonoscopy as average risk individuals	If normal, same as average risk

See reverse page ⇨

General Recommendations for Surveillance (Complete colonoscopy is the only recommended procedure for surveillance.)

Colonoscopic Findings	Recommendations*
1 or 2 tubular adenomas, <1 cm, low grade dysplasia	Next colonoscopy in 5 years
≥ 3 adenomas or Adenoma ≥ 1 cm or Villous histology or high grade dysplasia	Next colonoscopy in 3 years
> 10 adenomas on colonoscopic exam or inadequate colon preparation	Next colonoscopy in < 3 years
Colon cancer, resected	Clearance of remainder of the colon at or around time of resection, followed by colonoscopy at 1 year, then at 3 years and then at 5 year intervals if results are normal
Rectal cancer, resected	Clearance of remainder of the colon at or around time of resection, followed by colonoscopy at 1 year, then at 4 years and then at 5 year intervals if results are normal
Pan ulcerative colitis >8 years, Left-sided ulcerative colitis ≥15 years, Longstanding Crohn's colitis	Colonoscopy every 1-2 years with systematic Biopsies to detect dysplasia
Sessile adenomas that are removed piecemeal	Follow-up colonoscopy in 2-6 months to verify complete removal of adenomas

*All recommendations are based on the assumption that colonoscopy was completed with adequate bowel prep and that the exam reached the cecum. A repeat examination may be warranted for incomplete bowel prep or if the colonoscopy was not completed to the cecum.

Comprehensive Colonoscopy Documentation to be sent to primary care physician

- ✓ Pre-procedure risk assessment
- ✓ Depth of insertion (i.e. to cecum or other landmark)
- ✓ Quality of the bowel prep
- ✓ Duration of colonoscopic exam
- ✓ Recommendation for follow-up
- ✓ Complete description of polyp(s) found:
  1. Location
  2. Size
  3. Number
  4. Gross Morphology

For more information or laminated copies of this document, please contact:

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The Colon Cancer Prevention Project is a nonprofit dedicated to eliminating preventable colon cancer death and suffering by increasing screening rates through education, advocacy, and health systems improvement in Kentucky and surrounding communities.

This screening and surveillance tip sheet is distributed in conjunction with the Kentucky Medical Association.

These recommendations are based upon the following: (1) U.S. Preventive Services Task Force (http://www.ahrq.gov/clinic/uspstf08/colocancer/colors.htm) and (2) Levin B, Lieberman DA, McFarland, et al. Screening and Surveillance for the Early Detection of Colorectal Cancer and Adenomatous Polyps, 2008: A Joint Guideline from the American Cancer Society, the US Multi-Society Task Force on Colorectal Cancer, and the American College of Radiology. *CA Cancer J Clin*. 2008;58.

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